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# HIV/AIDS HEALTH PROFILE

## Central Asian Republics



### Overall HIV Trends

The five Central Asian Republics – **Kazakhstan**, **Kyrgyzstan**, **Tajikistan**, **Turkmenistan**, and **Uzbekistan** – all have relatively low HIV prevalence rates of 0.3 percent or less. However, the high prevalence of HIV found in vulnerable populations suggests that the region is on the verge of an expanded epidemic. The use of nonsterile injecting drug equipment is the primary mode of transmission in much of Central Asia. HIV prevalence rates among injecting drug users (IDUs) in the capital of **Uzbekistan** is 30 percent, and in Dushanbe and Khujand, **Tajikistan**, HIV prevalence among IDUs is 24 percent. In **Kazakhstan**, up to 8 percent of IDUs are HIV-positive, according to sentinel surveillance activities funded by the United States Agency for International Development (USAID). However, sexual transmission of HIV is increasing throughout the region, with sex workers and their clients and the sexual partners of IDUs at greatest risk. As of 2005, approximately 52,400 people living in Central Asia were HIV-positive.

The factors that put Central Asia at risk of an expanded epidemic are primarily related to injecting drug use. Central Asia is at the crossroads of drug-trafficking routes between Asia and Europe. High rates of poverty are fueling the drug trade and increasing drug use among the general population, making riskier methods of drug use more common. In addition, IDUs are marginalized by stigma against drug use, which enables HIV infection to spread undetected.

With an estimated HIV prevalence rate of 0.2 percent among adults and approximately 31,000 HIV-positive citizens, **Uzbekistan** has Central Asia's largest HIV/AIDS epidemic in terms of real numbers. The epidemic is primarily concentrated in and around the capital, Tashkent, and among IDUs. According to a study cited by UNAIDS, 30 percent of IDUs in Tashkent, most of them unemployed, are HIV-infected. The study also found low rates of condom use among IDUs, indicating that they may be conduits for HIV to spread to their sexual partners. The Expanded United Nations Theme Group on HIV/AIDS and the Country Coordination Mechanism (CCM) Secretariat are helping the Government of Uzbekistan implement antiretroviral therapy (ART) programs, but they have not yet reached a significant level of coverage, with UNAIDS reporting that 0 percent of HIV-infected women and men were receiving ART in 2005.

An estimated 12,000 people in **Kazakhstan**, and 0.1 percent of the adult population, were living with HIV in 2005. Very high HIV prevalence has been found among the country's large population of IDUs, who are estimated to number more than 100,000, according to Kazakhstan's Ministry of Health (MOH). Seventeen percent of IDUs in Temirtau and 3 percent nationwide were found to be HIV-positive in recent studies, according to UNAIDS. Kazakhstan's epidemic worsened in 2006, which had two times more newly reported cases of HIV than 2005, including a major outbreak among children that occurred in hospitals in Shymkent. Approximately 10 percent of HIV-infected women and men were receiving ART at the end of 2006.

**Tajikistan's** smaller epidemic is concentrated among IDUs. UNAIDS estimates indicate that 4,900 Tajiks are HIV-positive and that national adult prevalence is 0.1 percent. The epidemic in Tajikistan appears to be growing. HIV prevalence of 24 percent was found in a recent study of IDUs in Dushanbe and Khujand, an increase of 8 percentage points since 2005, and HIV prevalence among sex workers also rose from 0.7 percent in 2005 to 3.7 percent in 2006, according to UNAIDS. Less than 5 percent of HIV-infected women and men were receiving ART at the end of 2006.

With an estimated 4,000 people living with HIV/AIDS and an adult prevalence rate of 0.1 percent, the epidemic in **Kyrgyzstan** appears to have stabilized. There is little information about HIV/AIDS in **Turkmenistan**, which has fewer than 500 citizens who are HIV-positive, according to UNAIDS estimates.

Estimated tuberculosis (TB) prevalence rates are high throughout the region, ranging from 32 new cases per 100,000 people in **Turkmenistan** to 89 new cases per 100,000 people in **Tajikistan**, according to 2005 data from the *Global Tuberculosis Control Surveillance, Planning & Financing* report.

## Economic and Social Impact of HIV/AIDS in the Central Asian Republics

Illness, disability, and death associated with the HIV/AIDS epidemic have harmful economic and social effects. The vast majority of people who have the disease are between the ages of 15 and 49, and often the under-30 age group is the most affected. In **Kyrgyzstan**, for instance, 54.6 percent of all identified HIV/AIDS cases have occurred among 15- to 29-year-olds. Such high prevalence among young, otherwise healthy adults both changes a population's demographic structure and poses a challenge to the systems for supporting dependent populations such as children and the elderly. The World Bank estimates that, if unchecked, the growing epidemic in Central Asia would slow economic growth over the next decade by 20 percent in **Uzbekistan** and by 10 percent in **Kazakhstan** and **Kyrgyzstan**.

### National/Regional Response

The urgency of the issue and the ease with which HIV/AIDS crosses borders have prompted the Central Asian Republics to pursue a coordinated approach. At the Central Asian Conference on HIV/AIDS in 2001, the governments of **Kazakhstan**, **Kyrgyzstan**, **Tajikistan**, and **Uzbekistan** approved a declaration committing their countries to scaling up national responses and to the following priority actions: HIV prevention among IDUs; prevention and care interventions for sexually transmitted infections (STIs); the development and expansion of health promotion programs for young people, especially those most vulnerable; and the creation of a supportive legal, policy, and cultural environment. Although **Turkmenistan** did not send a representative to the conference, the government endorsed the declaration.

All five countries in the region have approved national programs to address HIV/AIDS. Institutional capacity and financial resources are limited, however, and there has been some cultural reluctance to confront the disease. Mass screenings and repressive government measures against vulnerable people during Soviet rule have left a legacy that is yet to be overcome. Stigma and discrimination persist.

- The Government of **Kazakhstan** is implementing its national AIDS program for 2006 to 2010. The program has three objectives: stabilize HIV prevalence by preventing the spread of infection from most-at-risk populations to the general population; reduce the incidence of HIV among most-at-risk populations; and ensure that at least 80 percent of HIV-infected individuals are covered by medical and social programs.
- **Kyrgyzstan** stands out in the region for its innovative and early response, establishing the Multisectoral Coordination Committee on HIV/AIDS, Tuberculosis, and Malaria in 1997. The government has actively sought assistance from nongovernmental organizations (NGOs) and international organizations for its prevention plan, which includes among

HIV Estimates in the Central Asian Republics	
<b>Kazakhstan</b>	
Total Population*	15,284,929 (mid-2007)
Estimated Number of People Living with HIV/AIDS**	12,000 [11,000-77,000] (end 2005)
Adult HIV Prevalence**	0.1% [0.1-3.2%] (end 2005)
HIV in Most-at-Risk Populations**	
IDUs	3% (Nat'l) 17% (Temirtau) (2005)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	10% (end 2006)
<b>Kyrgyzstan</b>	
Total Population*	5,284,149 (mid-2007)
Estimated Number of People Living with HIV/AIDS**	4,000 [1,900-13,000] (end 2005)
Adult HIV Prevalence**	0.1% [0.1-1.7%] (end 2005)
HIV in Most-at-Risk Populations**	
Commercial Sex Workers	1.3% (2006)
IDUs	0.8% (Bishkek & Osh) (2006)
Men Who Have Sex with Men	1% (2006)
Prisoners	3.5% (2006)
<b>Tajikistan</b>	
Total Population*	7,076,598 (mid-2007)
Estimated Number of People Living with HIV/AIDS**	4,900 [2,400-16,000] (end 2005)
Adult HIV Prevalence**	0.1% [0.1-1.7%] (end 2005)
HIV in Most-at-Risk Populations**	
Commercial Sex Workers	3.7% (2006)
IDUs	24% (Dushanbe & Khujand) (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	<5% (end 2006)
<b>Turkmenistan</b>	
Total Population*	5,097,028 (mid-2007)
Estimated Number of People Living with HIV/AIDS**	<500 [<1,000] (end 2005)
Adult HIV Prevalence**	<0.1% [<0.2] (end 2005)
HIV in Most-at-Risk Populations**	(na)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	(na)
<b>Uzbekistan</b>	
Total Population*	27,780,059 (mid-2007)
Estimated Number of People Living with HIV/AIDS**	31,000 [15,000-99,000] (end 2005)
Adult HIV Prevalence**	0.2% [0.1-0.7%] (end 2005)
HIV in Most-at-Risk Populations**	
IDUs	30% (Tashkent) (2003/2004)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	0% (2005)

\*US Census Bureau \*\*UNAIDS \*\*\*WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

its objectives reducing the number of HIV-infected people, slowing the spread of HIV, and decreasing the incidence of STIs.

- **Tajikistan's** National Strategic Plan for 2007–2010 includes the following elements: a multisectoral approach; confidentiality in testing; integration of HIV/AIDS prevention and care into other health programs; establishment of a national coordinating mechanism; and dissemination of information among youth and other at-risk populations.
- In 2005, **Turkmenistan** approved the National Program on HIV/AIDS/STI Prevention for 2005–2010. The Program's goals include preventing HIV and other STIs among at-risk populations; preventing transmission of HIV and STIs through blood transfusions, by sexual intercourse, and from mother to child; and reducing morbidity from STIs.
- **Uzbekistan's** Strategic Program on Responding to HIV/AIDS for 2003–2006 led to the implementation of preventive services for at-risk populations and the integration of HIV-related lessons into educational programming; completion of second-generation HIV epidemiological surveillance; the launch of ART programs; and the establishment of a network for HIV-infected individuals and centers providing health services for youth. The Strategic Program on HIV/AIDS for 2007–2010 builds upon these successes while addressing major barriers to HIV prevention, treatment, care, and support, such as low demand for condoms and stigma and discrimination.

In 2006, the Parliament of **Kyrgyzstan** held an international parliamentary conference entitled “The HIV Epidemic in Central Asia and Eastern Europe: Legislative Measures to Combat the Spread of HIV and Priorities for Regional Cooperation.” Participants agreed to form a Central Asian parliamentary work group on HIV to improve the region's legislative framework regarding the fight against the epidemic. The conference was supported by the World Bank's Central Asia AIDS Control Project, a five-year project launched in 2005 with three components: regional coordination, policy development, and capacity strengthening; the Central Asia AIDS Fund; and project management, monitoring, and evaluation.

Other international donors addressing the epidemic in Central Asia include the Global Fund to Fight AIDS, Tuberculosis and Malaria. **Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan** have received Global Fund grants to scale up their responses to HIV/AIDS. The grants total approximately \$146 million (three grants for \$40 million are ending in 2008). The U.S. Government provides one-third of the Global Fund's funding.

## USAID Regional Support

USAID programs in the Central Asia Republics are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID's Central Asian Republics regional office works to reinforce drug demand reduction activities; strengthen national strategies to prevent and control HIV/AIDS; and, in conjunction with the U.S. Centers for Disease Control and Prevention (CDC), intensify and broaden efforts on HIV sentinel surveillance training. The regional program is designed to control the epidemic among most-at-risk populations, including IDUs and sex workers. The USAID strategy is designed for all five countries, but focuses primarily on **Kazakhstan, Tajikistan, and Uzbekistan**. Specific activities include the following:

- Providing assistance to implement grants received from the Global Fund through the five-year, \$13 million Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY). CAPACITY works with CCMs, Republican AIDS Centers, NGOs, and other implementing partners to promote transparency and efficiency in strategic planning, financial management, the procurement process, monitoring and evaluation, and coordination. It also builds capacity for the promotion of risk reduction and healthy behaviors; voluntary counseling and testing; treatment, care, and support, including management of HIV-TB co-infection; and integration of services into the primary health care (PHC) system.
- Reducing the number of drug users in **Uzbekistan, Tajikistan, and the Ferghana Valley region of Kyrgyzstan** through the Drug Demand Reduction Program (DDRP), which educates target populations on the risks of heroin/opiate use while creating alternatives to drug use and improving services that make it easier to avoid drugs. DDRP's innovative approaches include its network of “youth power centers,” drop-in centers that provide activities to serve as an alternative to drug use, peer education sessions on drug demand reduction and HIV/AIDS, and psychological counseling to those at high risk.
- With USAID funding, CDC has been implementing sentinel surveillance in four Central Asian countries since 2002. In **Kazakhstan**, sentinel surveillance is now implemented nationwide with funding from the government. CDC only provides technical assistance and training. In **Kyrgyzstan, Tajikistan, and Uzbekistan**, CDC leveraged resources from

a World Bank-funded project to expand the model to more pilot sites. Laboratories receive technical assistance in establishing internal and external quality controls.

Other USAID activities provide support to these targeted activities. For example, the ZdravPlus2 health reform and PHC project will build upon earlier efforts to integrate treatment of STIs, TB, and other components of HIV/AIDS services into the PHC system. USAID's TB control program includes work on models to integrate HIV and TB treatment and control efforts. HIV prevention, safer sex counseling, and correct use of condoms, as well as universal precautions to reduce postpartum hemorrhage and the subsequent need for blood products, are introduced in training on effective perinatal care in maternity postpartum departments, postabortion care departments, and PHC facilities.

Recent USAID successes in the Central Asian Republics include awarding more than 50 grants to NGOs and government organizations and developing protocols to establish treatment readiness, drug-free treatment, and rehabilitation centers for drug users in **Uzbekistan**, **Tajikistan**, and **Kyrgyzstan** through DDRP. The centers have already reached around 3,000 drug users. Since 2003, DDRP has provided vocation and drug demand reduction education to 460 vulnerable women, reached 1,500 rural-to-urban migrants through its drug demand reduction education and referral system, and trained more than 3,500 professionals.

### **USAID Country Support in the Central Asian Republics**

USAID also provides some bilateral HIV/AIDS support to each of the Central Asian Republics. Activities include the following:

- Supporting the **Kazakhstan** MOH's implementation in 2006 of a pilot program for prevention of mother-to-child HIV transmission. By the end of the year, reported data indicated that the rate of HIV prophylactic treatment for mothers increased from 44 to 83 percent and that treatment for newborns increased from 21 to 76 percent.
- Enrolling 115 drug users in a USAID-funded drug-free treatment and rehabilitation program in **Tajikistan**.
- Providing technical assistance to the Government of **Turkmenistan** to develop the National Tuberculosis Prevention and Control Program and the HIV/AIDS Prevention Program for 2005–2010 and, in conjunction with CDC, signing a memorandum of understanding with Turkmenistan to implement a blood safety program. A memorandum of understanding has been signed between USAID and the Ministry of Health and Medical Industry to establish a youth center in Ashgabat.
- Conducting HIV prevention outreach broadcasts on 18 mass media features in **Uzbekistan** and reaching through interpersonal communication 1,500 migrants and about 3,000 children with messages on HIV prevention and drug use.

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USAID HIV/AIDS Web site, Central Asian Republics:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/leande/caregion.html](http://www.usaid.gov/our_work/global_health/aids/Countries/leande/caregion.html)

For more information, see [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/index.html](http://www.usaid.gov/our_work/global_health/aids/Countries/index.html)

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